



CT - 13
SF 46858 Rev. 5-97

INDIANA DEPARTMENT OF REVENUE
**CIGARETTES RETURNED TO MANUFACTURER WITH
TAX STAMPS AFFIXED TO ORIGINAL PACKAGES**

SHEET NO. _____

Distributor's Name _____ Distributor's License # _____

Period of _____, _____

MANUFACTURER	AFFIDAVIT #	DATE	NO.OF PKGS RETURNED	PACKAGE SIZE	NO. OF CIGARETTES	STATE TAX AFFIXED	DATE RETURNED
						INDIANA	
						INDIANA	
						INDIANA	
						INDIANA	
						INDIANA	
						INDIANA	
						INDIANA	
						INDIANA	
						INDIANA	
						INDIANA	
						INDIANA	
						INDIANA	
						INDIANA	
						INDIANA	

TOTAL INDIANA STAMPED CIGARETTES
RETURNED TO MANUFACTURER _____

TOTAL _____ STAMPED CIGARETTES
RETURNED TO MANUFACTURER _____

TOTAL _____ STAMPED CIGARETTES
RETURNED TO MANUFACTURER _____

OUT-OF-STATE DISTRIBUTORS: Total the Indiana stamped cigarettes returned to manufacturer -- Report this total on CT-24, Line 4.
IN-STATE DISTRIBUTORS: Total the other states stamped cigarettes returned to manufacturer -- Report this total on CT-5, Line 5. Show states separately.